



**PATIENT**

Mocha Graham

**PRESENTING CLINICAL SIGNS**

Persistently uncontrolled diabetes, muscle loss, r/o neoplasia Current meds: prozinc, zeniquin  
Abnormal PE/Chem/CBC/UA Results: WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Labrador

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Spayed Female

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The right kidney measured 6.65 cm. The left kidney measured 8.15 cm.

**AGE**

8 years

*Adrenal Glands*

**WEIGHT**

101 lbs

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.85 x 0.88 cm at the caudal pole and 0.93 cm at the cranial pole. The right adrenal gland measured 2.04 x 0.95 cm at the cranial pole and 0.63 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

*Spleen*

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

The **spleen** revealed a focal, hypoechoic 0.8 cm nodule. This is a new development. The remainder of the spleen was heterogenous.

**HOSPITAL NAME**

Rockaway AH

*Liver*

**REFERRING VET**

Dr. Manair

The **liver** revealed minor, heterogenous parenchymal changes similar to the prior sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No

*Gastrointestinal*

**INVOICE**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**DATE**

4/18/22



**PATIENT**

**Pancreas**

Mocha Graham

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SPECIES**

Canine

**Heart**

**BREED**

Rapid view of the heart revealed no evidence of pathology.

Labrador

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Persistent hepatic remodeling.

Spayed Female

Minor diabetic nephropathy.

**AGE**

Focal splenic nodule, new development. Possible hyperplasia versus emerging round cell neoplasia.

8 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

FNA of the splenic nodule is indicated or recheck sonogram in 2 weeks and if growing a direct splenectomy is indicated. Splenic hyperplasia is likely; however, emerging round cell neoplasia or hemangiosarcoma is possible.

101 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

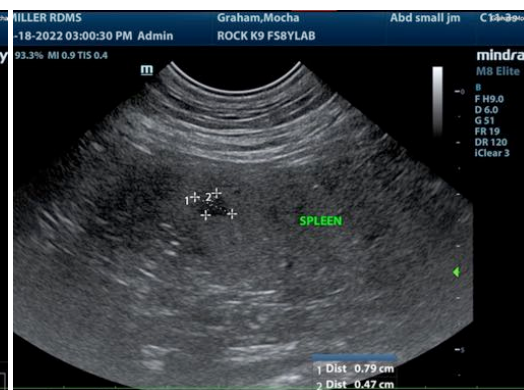
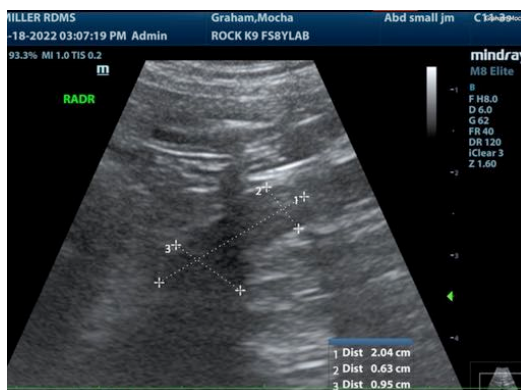
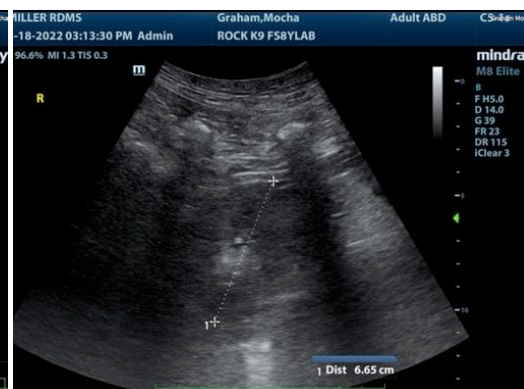
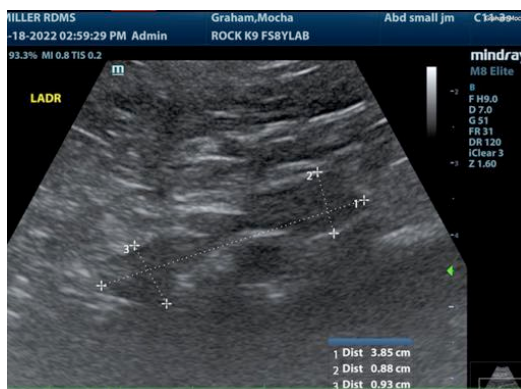
Dr. Manair

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**PATIENT**

Mocha Graham

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

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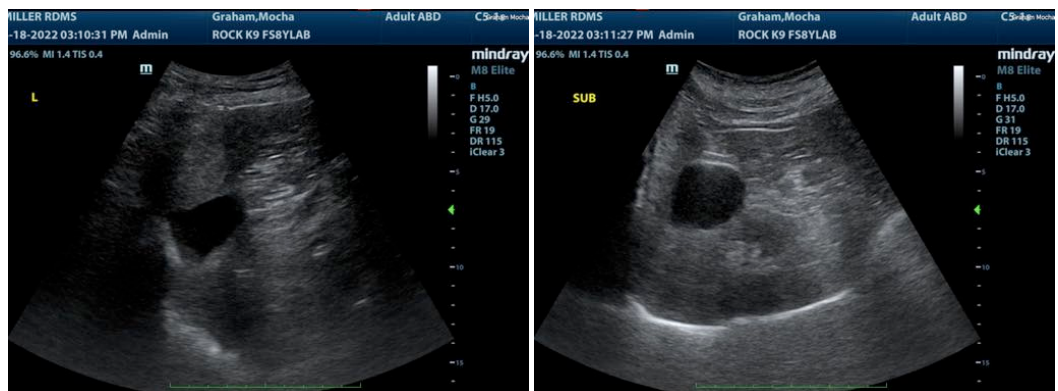
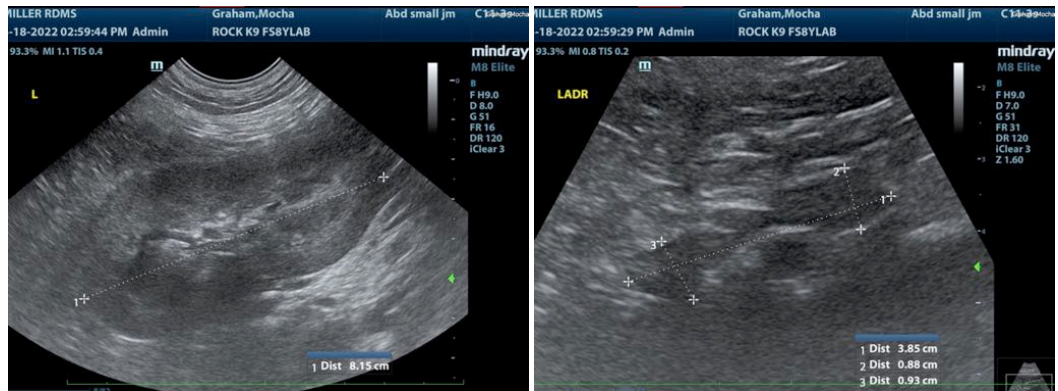
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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